

OPTION FORM FOR MEDICLAIM POLICY – 2016
(Date.01.02.2016 to 31.12.2016)

Declaration for Top Up Premium of MSEB HCL Group Mediclaim Policy – 2016 for the Employee of MSEDCL & MSEB HCL

Name of the employee : _____
CPF No. / Employee No. (For Veej Sevak): _____
Designation : _____
Place of Working : _____
Name of Zone : _____
Mobile No : _____
Date : _____

I hereby declared that I have enrolled my family details and Option on MD India website link <http://mseb.mdindia.com:82/mseb/selection.aspx> .

I am interested to opt for Top Up Mediclaim Premium under MSEB HCL Group Mediclaim Policy 2016 and authorise concerned Pay-Bill Officer for deduction of this amount from Feb-2016 salary, as Yes (✓) in below premium table.

Sum Insured Amt. above Rs. 03 lacs	Premium with service tax (14.50 %)	Mark as Yes (✓)
1 lacs	2299	
2 lacs	3710	
3 lacs	4821	
4 lacs	5564	
5 lacs	6106	
6 lacs	6818	
7 lacs	7543	

Signature of Employee / Officer

(Note: This declaration is accepted by concerned pay-bill officer by 10.02.2016 Before Noon & take entry of Top Up in Pay Bill by 14.02.2016.)